

## MDPB Minutes September 20, 2000

Members present: C St. Pierre-Engels, J. Burton, P. Liebow, D. Ettinger, S. Diaz,

MEMS Staff: J. Bradshaw

Regional Coordinators: J. LeBrun, D. Carroll

Guests: J. Regis, B. Dunwoody, P. Marcolini

Item	Discussion	Action	Follow-up
Previous minutes: 6/21/00	None	Adopted	None.
<b><u>Old Business</u></b>			
1. PA's/NP's in ems	This topic is restricted to PA discussion. There is no desire to enter into NP discussion. Consensus agreement that this is an issue isolated to single area at this time. Provider in Jackman may have other methods of licensing for ems based on past history.	None.	Diaz and Bradshaw will work on this issue offline and develop plan if necessary to be submitted to MDPB. Until that time – item off the agenda.
2. Recert/Dec/Cert	Discussion from all that this issue needs to be prioritized. Primary problem is with decertification. Recert and Certification should follow Decertification. However, Decert plan is dependent on AG interpretations/opinions.	None. Plan to hold retreat in winter on this isolated issue.	Bradshaw will schedule AG assistant to MDPB November for questions from the board. Scheduling of retreat pending November meeting outcome.
3. Meridian interfacility critical care RN/EMT-P team proposal.	Vote at June meeting was to table for year. Discussion involved data and information required by MDPB for further consideration. Factors discussed included: state needs for this service – essentially the expanded scope elements, dilution of skills, impact on training level of EMT- P – does this create a new training level.	None. Conclusion of members present was that Mr. Carroll had articulated argument and concerns well in letter dated June 9, 2000. Request made that Meridian address issues in writing to Burton for facilitation of future movement. .	Burton will communicate information and request to Dinerman/Petrie that a written response to Mr. Carroll's letter be formulated by Meridian. Item will remain off the agenda pending this action.

<p><b>New Business</b></p> <ol style="list-style-type: none"> <li>1. Amiodarone and ACLS</li>       <li>2. Safe Harbor legislation and restocking drugs.</li>     <li>3. ACLS changes</li> <li>4. Resuscitation guidelines</li> </ol>	<p>Amiodarone has been approved and recommended to replace Lidocaine and Bretylium in the new AHA guidelines. This will translate to new ACLS guidelines anticipated in winter of 2000/2001. Issues include cost of drug, training for glass vials, protocol revisions for Maine EMS.</p>     <p>Discussion regarding need to comply with federal legislation and guidelines for restocking ems agencies. Cost of future drugs in ems will also likely promote change.</p> <p>See #1 above.</p> <p>Discussion regarding new studies in cardiac arrest that consider outcomes and predictors of outcome in victims. Members expressed interest in evaluating this data for implementation in Maine EMS.</p>	<p>None. Burton suggested break-out group to formulate recommendations to MDPB.</p>     <p>None. MDPB agreed that this is a local and regional level and will need to be dealt with on that level – no state issues at this time for MDPB.</p> <p>See #1 above.</p> <p>None. This issue can be dealt with by Burton and Kendall in their review – including recommendations to MDPB for protocol or no action as deemed appropriate and as publications occur.</p>	<p>Burton and Kendall will evaluate over next few months. Burton and Kendall will plan on recommendations to MDPB deadline for spring 2001, implementation plan in place June 2001, change in practice fall 2001.</p>     <p>None required.</p>   <p>See #1 above.</p> <p>See #1 above.</p>
<p><b>Other Business</b></p> <ol style="list-style-type: none"> <li>1.Samoset</li>     <li>2. Life Flight of Maine</li> </ol>	<p>Members informed of Samoset and Saturday morning with MDPB lecture.</p> <p>Members expressed desire to hear latest data from LOM and experience to date. Items of interest are:</p> <ol style="list-style-type: none"> <li>1. General experience to date of service</li> <li>2. LOM approach and success at skills</li> </ol>	<p>.</p> <p>None. Contact Mdi-coast if interest in attendance.</p> <p>None. Request for presentation to MDPB at Dr. Hopperstead’s convenience – hopefully December meeting.</p>	<p>None.</p> <p>Burton will contact and schedule Hopperstead if available.</p>

3. Electronic database rollout.	<p>maintenance for “advanced scope of practice providers.</p> <p>Bradshaw discussed rollout plan of new ems database. There is significant data capture opportunity in the new database. Discussion regarding challenge to collect meaningful and useful outcomes data.</p>	None.	MDPB members requested to consider information that should be captured in new database. Place on agenda for November for further discussion.
4. Enhanced EMT-I letter from Bradshaw	<p>There has been some confusion regarding medical control contact when EMT-I and EMT-p at same scene. Bradshaw letter attempted to clarify.</p> <p>Discussion from Bradshaw and others that this interpretation communicates the importance of clear distinction of rules for administration of medications by providers and requirement for med control if med is administered by EMT-i.</p>	MDPB members supported Bradshaw’s interpretation and restated the importance of medical control requirement for EMT-i. EMT-p presence does not extend the EMT-I scope of practice or change the emt-I requirement when the emt-I is administering medications.	None.
Protocols			
Next meeting 11/15/2000 (0930 - 1230)	Burton and Bradshaw will attend NASEMSD in San Diego in mid-October.		